

**Political Organization
 Notice of Section 527 Status**

Part I General Information

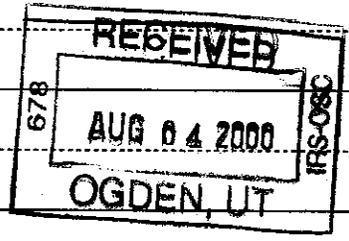
| | | |
|--|--|--|
| 1 Name of organization CAMPAIGN OF GISELA CARDONNE | | Employer identification number APPLIED FOR |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) 73 W. FLAGLER ST., #1500 | | 65-1027812 # |
| City or town, state, and ZIP code MIAMI, FL 33130 | | |
| 3 E-mail address of organization | | |
| 4a Name of custodian of records GISELA CARDONNE | 4b Custodian's address 73 W. FLAGLER ST., #1500 MIAMI FL 33130 | |
| 5a Name of contact person GISELA CARDONNE | 5b Contact person's address 73 W. FLAGLER ST., #1500 MIAMI, FL 33130 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number | | |
| City or town, state, and ZIP code | | |

Part II Purpose

7 Describe the purpose of the organization
**CAMPAIGN TO RETAIN: CIRCUIT COURT JUDGE,
 ELEVENTH CIRCUIT, MIAMI-DADE COUNTY, FL.**

Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|---------------------------|-----------------|------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |



2

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
CAMPAIGN OF GISELA CARDONNE

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt. or suite no.)
73 W. FLAGLER ST. #1900

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
MIAMI FL 33130

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI-DADE COUNTY, FL

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► **GISELA CARDONNE - CANDIDATE** 263-82-7521

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership _____

REMIC _____

State/local government _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ► _____ (enter GEN if applicable)

Other (specify) ► **CIRCUIT COURT JUDGE, RETENTION CAMPAIGN**

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ► _____

Trust _____

Federal government/military _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ► _____

Banking purpose (specify purpose) ► _____

Changed type of organization (specify new type) ► _____

Purchased going business _____

Created a trust (specify type) ► _____

Hired employees (Check the box and see line 12.) _____

Created a pension plan (specify type) ► _____

Other (specify) ► **RETENTION CAMPAIGN - 2000.**

10 Date business started or acquired (month, day, year) (see instructions) **APRIL 3, 2000**

11 Closing month of accounting year (see instructions) **OCTOBER, 2000.**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **NO PE**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural Agricultural Household

14 Principal activity (see instructions) ► **RETENTION CAMPAIGN FOR CIRCUIT COURT JUDGE**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ► **N/A** Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ► **GISELA CARDONNE, JUDGE**

Business telephone number (include area code) **(305) 375-5429**

Fax telephone number (include area code) **(305) 375-4118**

Signature ► **Gisela Cardonne** Date ► **7-31-2000**

Please leave blank ► Geo. Ind. Class Size Reason for applying

FAXED TO: (678) 530-6156

July 31, 2000

Internal Revenue
Service Center
Ogden, UT 84201

Re: Form 8871
Campaign of Gisela Cardonne
Circuit Court Judge
Eleventh Circuit, Miami-Dade County, FL

Dear Sirs:

I enclose the signed original of Form 8871, Political Organization Notice of Section 527 Status.

I also enclose a copy of SS-4, application for employer I.D. number, which I have faxed to the Atlanta center. As soon as I have an ID number, I will amend the 8871.

I received actual notice of this requirement through the office of Division of Election of the State of Florida on Friday, July 24 in the afternoon, and am attempting full compliance as required.

As of this writing, I have not been able to log on to the IRS web site to file electronically, but will continue to try.

Please contact me at: (305) 375-5429, or (305) 375-1406 if you have any questions. The office fax number is: (305) 375-4118.

Thank you for your attention.

Sincerely,


Gisela Cardonne
Circuit Court Judge
73 W. Flagler St., #1500
Miami, FL 33130